

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24260

FILED JUL 29 1957

STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 137

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Grundy</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Trenton</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wyatts Hosp.</u> Length of stay in lb				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Grundy</u> c. CITY OR TOWN <u>Trenton</u> d. STREET ADDRESS <u>715 E 8th Court</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
<b>3. NAME OF DECEASED</b> (Type or print) First <u>Albert</u> Middle <u>Donald</u> Last <u>Porter</u>				<b>4. DATE OF DEATH</b> Month <u>July</u> Day <u>21</u> Year <u>1957</u>			
<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. MARRIED</b> <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <u>May 26, 1896</u>	
<b>9. AGE</b> (In years last birthday) <u>71</u>		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Brickman</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Railway</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Grundy Co. MO</u>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>		<b>13. FATHER'S NAME</b> <u>William Edwin Porter</u>		<b>14. MOTHER'S MARDEN NAME</b> <u>Sarah Ann Proffitt</u>		<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>No</u>	
<b>16. SOCIAL SECURITY NO.</b> <u>708-14-7536</u>		<b>17. INFORMANT</b> <u>Mrs. A. D. Porter</u>		<b>18. CAUSE OF DEATH</b> [Enter only one cause or line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) _____ PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____		<b>19. INTERVAL BETWEEN ONSET AND DEATH</b> <u>3 to 6 months</u>	
<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in Part I or Part II of item 18.)					
<b>20c. TIME OF INJURY</b> Hour _____ Minute _____ Day _____ Month _____ Year _____		<b>20d. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
<b>20e. PLACE OF INJURY</b> (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		<b>20f. CITY, TOWN, OR LOCATION</b> _____		<b>20g. COUNTY</b> _____		<b>20h. STATE</b> _____	
<b>21. I attended the deceased from</b> <u>Feb 1st 1957</u> <b>to</b> <u>July 21st 1957</u> <b>and last saw her</b> <u>him</u> <b>alive on</b> <u>July 21st 1957</u> <b>Death occurred at</b> <u>4:30 p. m.</u> <b>on the date stated above; and to the best of my knowledge, from the causes stated.</b>							
<b>22a. SIGNATURE</b> (Degree or title) <u>Chas F Duffy MD</u>				<b>22b. ADDRESS</b> <u>Trenton MO</u>		<b>22c. DATE SIGNED</b> <u>July 23rd 1957</u>	
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>BURIAL</u>		<b>23b. DATE</b> <u>7/24/57</u>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>I. O. O. F. Cemetery</u>		<b>23d. LOCATION (City, town, or county)</b> <u>Trenton MO.</u>	
<b>24. FUNERAL DIRECTOR</b> <u>J. Garden Blackmore</u>		<b>25. DATE RECD. BY LOCAL REG.</b> <u>7/24/57</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Frene Jan</u>			

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

NOV 8 1957

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Student Embalmer No. .... working under my personal supervision...

Student .....  
Signature of Student Embalmer

Signed *Harold Roberts*

Licensed Embalmer No. *49*

P.O. Address *Union*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.